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CONFIRMATION NO. 1672

<b>SERIAL NUMBER</b> 10/616,887	<b>FILING OR 371(c) DATE</b> 07/10/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> U 014713-7
<b>APPLICANTS</b> Hayim Lindenbaum, Haifa, ISRAEL; Shimon Eckhouse, Haifa, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/358,130 02/04/2003 PAT 7,115,127				
<b>** FOREIGN APPLICATIONS *****</b> <i>nan kv 12/27/06</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/09/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 27
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		Initials <i>[Signature]</i>	<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 32042				
<b>TITLE</b> Methods and apparatus for hemostasis following arterial catheterization				
<b>FILING FEE RECEIVED</b> 563	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	